



**Commercial Driver Training School Section**  
**P. O. Box 27412**  
**Richmond, Virginia 23269-0001**  
**(804) 367-9156**

# Application for Commercial Driver Training School License

FEES: \$100 – One Year License

\$200 – Two Year License

TYPE OF APPLICATION (please check one): ☐ Original (first-time application) ☐ Renewal ☐ Reinstatement ☐ Upgrade**IDENTIFYING INFORMATION**

NAME OF SCHOOL		LOCATION (IF DIFFERENT FROM MAILING ADDRESS) (STREET – P.O. BOX not acceptable)	
MAILING ADDRESS (P. O. BOX/STREET)		(CITY/STATE) (ZIP + 4)	
(CITY/STATE) (ZIP + 4)		PHONE NUMBER	EMPLOYER ID NUMBER
NAME OF OWNER OR MANAGER OF SCHOOL Last First Middle		OWNER/MANAGER HOME PHONE NUMBER	DRIVER OPERATOR NUMBER & EXPIRATION DATE
HOME ADDRESS (P.O. BOX/STREET)		Have you ever been convicted of a law violation, including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list and explain (attach additional sheets as needed):   	
(CITY/STATE) (ZIP + 4)			
SCHOOL LICENSE NUMBER (if previously licensed)			

**APPROVAL OF DRIVER TRAINING PROGRAMS****WILL THE ABOVE NAMED SCHOOL PROVIDE TRAINING FOR STUDENTS UNDER THE AGE OF NINETEEN (please check one):**☐ Yes If yes, please see below before continuing application on reverse side. ☐ No If no, please continue application on reverse side.Type of vehicle for which driver education will be given (check only one) ☐ passenger cars ☐ vehicle over 20,000 pounds

The following must be completed by all commercial driver training schools conducting a driver education program when persons under nineteen years of age are enrolled. Schools receiving approval by the Department of Motor Vehicles will meet the requirements of the Code of Virginia pertaining to the issuance of an operators license to minors age sixteen and under the age of nineteen years.

❶ If your school offers Classroom instruction in driver education to any person under nineteen years of age, the course must consist of a minimum of thirty-six periods of classroom instruction and include a unit on Alcohol/Drugs and Driving. Does the driver education course provide these minimum requirements for these students enrolled in the course? ☐ Yes ☐ No

❷ If your school offers in-car instruction in driver education to pay person under nineteen years of age, each student must participate in a minimum of fourteen periods of in-car instruction, of which at least seven periods are actual car operation and seven periods are observation. **Does the in-car instruction provide these minimum requirements for these students enrolled in the course?** ☐ Yes ☐ No

❸ If your school offers Classroom instruction, and/or in-car instruction, the course must be conducted in accordance with the Curriculum Guide for Driver Education in Virginia, so as to be comparable in content and quality to that offered in the public schools. **Are you using this guide to conduct your program in Driver Education?** ☐ Yes ☐ No

❹ Have all instructors of students under nineteen years of age successfully completed six (6) semester hours in driver education approved by the Department of Motor Vehicles consisting of:

- a. 3 semester hours in Introduction to Driver Education: Driver Task Analysis
- b. 3 semester hours in Instructional Principles of Teaching Driver Education

☐ Yes ☐ No**THIS SECTION FOR DMV USE**

CLERK STAMP	VERIFICATION OF	FEE/ACCOUNT CONTROL	REMARKS:	LICENSE NUMBER
	<input type="checkbox"/> FEE			
	<input type="checkbox"/> LOCAL BUSINESS LICENSE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
	<input type="checkbox"/> INSURANCE CERTIFICATE/SURETY BOND	<input type="checkbox"/> DATA ENTRY		
	<input type="checkbox"/> STATE POLICE CRIMINAL BACKGROUND CHECK			

(CONTINUED ON REVERSE SIDE)

## VEHICLES USED FOR THE TRAINING OF STUDENTS

	MAKE	YEAR	COLOR	VEHICLE ID NUMBER	LICENSE NUMBER	COMPANY VEHICLE INSURED BY (must be licensed to do business in Virginia and the policy must provide at least minimum coverage as required by law.)	POLICY NUMBER	EFFECTIVE DATE
VEH 1								
VEH 2								
VEH 3								
VEH 4								
VEH 5								

## INSTRUCTOR INFORMATION

NAME (LAST FIRST INITIAL)	DRIVER OPERATOR NUMBER & EXPIRATION	HOME PHONE NUMBER	INSTRUCTOR LICENSE NUMBER (if previously approved by DMV)
Mr. Ms. Mrs.			
Mr. Ms. Mrs.			
Mr. Ms. Mrs.			
Mr. Ms. Mrs.			
Mr. Ms. Mrs.			
Mr. Ms. Mrs.			
Mr. Ms. Mrs.			
Mr. Ms. Mrs.			

## CERTIFICATION -- ALL APPLICANTS MUST COMPLETE

I/We hereby make application for a Commercial Driver Training School License and for the purpose certify that all facts contained in this application are true and valid. I/We understand that if licensed I/we are subject to current statutes and regulations pertaining to the operation of the school and are subject to pre-licensing, initial and annual audits by DMV.

N All owners must N

PRINTED OR TYPED NAME	SIGNATURE	DATE

**NOTE: Form CDT-005 Certificate of Insurance and appropriate fee must accompany this application.**

☐ Certificate of Insurance (CDT-005)

☐ Surety Bond (CDT-006) or (CDT-009)

☐ State Police Criminal Background Check

☐ Copy of Local Business License (if applicable)

☐ Fee